

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



James DeLoach
Warden
Draper Correctional Facility
P.O. Box 1107
Elmore, AL 36025

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

C. B. L. C.

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. B. L. C.

C. Date of Delivery

4/18/07

Address different from item 1? ☐ Yes
or delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

07 CV 219